[Date]

[Title Fname Lname]

[Any Street]

[City], [State] [Zip]

Dear Ms./Mr. [Lname]:

The Texas Department of Family and Protective Services (DFPS) found problems with your child’s day care provider, [enter vendor name]. These problems pose a risk that may endanger the health and safety of children, or indicate continued failure to comply with the rules or law intended to protect your child.

**IMPORTANT:** We will not continue to pay your provider because of these problems. If you would like to continue receiving Workforce Solutions financial aid for child care, you must transfer your child(ren) to another provider.

You have five business days from the date of this letter, [enter date], to arrange for your child’s transfer to another day care provider. You may arrange the transfer by calling us or returning this letter by fax or email, with completed information, to Workforce Solutions Financial Aid Payment Office.

You may call us at [phone number] or [1.800.xxx.xxx option **X]** or return this letter with the information completed by fax to [fax number] or email to [email address].

Failure to respond will be considered a voluntary withdrawal from receiving Workforce Solutions financial aid for child care and you will be responsible for the full cost of care.

By signing this notification form, I acknowledge that DFPS intends to take adverse action against my child(ren)’s provider and I would like to transfer my child(ren) to a different provider. *Please provide details of new provider information below:*

New Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Provider Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Provider Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian

If you have any questions or concerns, please contact me.

*Sincerely,*

**[Your Name],[Your Title]**

**[Your Phone Number & Fax Number]**

**[email address]**